HOSPITAL INPATIENT DATA FILE
(INCLUDES PSYCHIATRIC HOSPITALS-BEGINNING 1997)
PUBLIC DATA FILE LAYOUT
Valid thru December 31, 2005
Revised 5/25/2010

ITEM	FIELD NAME	FREQUENCY
1.	System Record ID Number	
2.	Reporting Year	
3.	Reporting Quarter	
4.	Pro Code	
5.	Mod Code	
6.	Facility Region	
7.	Facility County	
8.	Hospital Number	
9.	Patient Age at Admission	
10.	Patient Sex (Gender)	
11.	Patient Race	
12.	Discharge Status	
13.	Length of Stay	
14.	Type of Admission	
15.	Source of Admission	
16.	Principal Payer	
17.	Patient Zip Code	
18.	Patient State of Residence	
19.	Patient County (Florida Only)	
20.	DRG Code	
21.	Principal Diagnosis Code	
22.	Secondary Diagnosis Codes	OCCURS 09 TIMES
23.	Principal Procedure Code	
24.	Secondary Procedure Codes	OCCURS 09 TIMES
25.	Days To Procedure	
26.	Day of Week Admitted	
27.	Charges By Revenue	OCCURS 24 TIMES
28.	Total Gross Charges	
29.	Attending Physician ID	
30.	Attending Physician UPIN (If Available)	
31.	Operating Physician ID	
32.	Operating Physician UPIN (If Available)	

Note: This document lists data elements from Chapter 59E-7. For more information please visit http://www.floridahealthfinder.gov or visit http://ahca.myflorida.com/schs/2005-2009-Resources.shtml.

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
1. **System Record ID** **sys_recid**	A unique numeric system record identification (ID) number.
2. **Reporting Year:** **yyyy**	A four digit number identifying the year in which the discharges occurred.
3. **Reporting Quarter:** **qtr**	A single digit number identifying the calendar quarter in which the discharges occurred. **1** – January through March **2** – April through June **3** – July through September **4** – October through December
4. **Pro Code** **pro_code**	The Procode is a two digit number that is assigned to the reporting facility to indicate the facility's type of license for patient services. 23- Hospital
5. **Mod Code** **mod_code**	An alphanumeric four character code that is assigned to the facility to indicate the specialty type of facility. **CL00 –** Class 1 Hospital excluding Obstetrics (OB) **CL01 –** Class 1 Hospital **CL02 –** Class 2 Hospital **CL03 –** Class 3 Hospital Psychiatric **CL04 –** Class 4 Hospital Intermediate Residential Treatment Facility (IRTF) **CL06 –** Class 1 Hospital Long Term Care **CL07 –** Class 1 Hospital Rural **CL09 –** Class 3 Hospital Rehabilitation **CL10 –** Class 3 Hospital Special Medical
6. **Facility Region** **fac_region**	The Facility Region is a number assigned to health care facilities to indicate the facility's location by AHCA district, as defined in 408.032 (5), Florida Statutes (See attached description of Facility Regions).
7. **Facility County** **fac_county**	The Facility County is a number assigned to indicate the facility's location by county.
8. **Hospital Number:** **faclnbr**	An eight digit hospital identification number assigned by the agency for reporting purposes.

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
9.	**Patient Age at Admission:** **age**	The patient's age on the admission date.
10.	**Patient Sex:** **gender**	A Single Digit Code. **1** – Male **2** – Female **3** – Unknown *(NOTE: Patient Sex 3, Unknown, Is An Acceptable Reportable Code Effective With First Quarter 1997 Data.)*
11.	**Patient Race:** **race**	A Single Digit Code Identifying The Patient's Racial/Ethnic Background. *(NOTE: Patient Race data is available beginning with first quarter 1992 data. The patient race field for quarters prior to first quarter 1992 is zero filled.)* **1** – American Indian/Eskimo/Aleut **2** – Asian Or Pacific Islander **3** – Black **4** – White **5** – White Hispanic **6** – Black Hispanic **7** – Other (If None Of The Above) **8** – No Response (Data Not Available)
12.	**Discharge Status:** **dischstat**	A two digit code representing the patient's discharge status (from the hospital). **01** – Discharged Home **02** – Discharged To A Short-Term General Hospital **03** – Discharged To A Skilled Nursing Facility **04** – Discharged To An Intermediate Care Facility **05** – Discharged To Another Type Of Institution **06** – Discharged To Home Care Under Supervision Of A Home Healthcare Organization **07** – Left This Facility Against Medical Advice **08** – Discharged Home On IV Medications **20** – Expired **50** – Discharged To Hospice - Home **51** – Discharged To Hospice – Medical Facility *(NOTE: Discharge Status 50, Discharged to Hospice, and Discharge Status 51, Discharged to Hospice – Medical Facility, are acceptable reportable codes effective with first quarter 2003 data.)*
13.	**Length of Stay:** **losdays**	Represents the number of days elapsed from the admission date to the discharge date. A patient discharged on the same day admitted will have a length of stay of zero (0).

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
14. **Type Of Admission:** **admtype**	A single digit code. **1 – Emergency** The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling medical conditions/injuries. Generally, the patient is admitted through the emergency room. Does not include routine deliveries; does not include sick newborn for which specific ICD-9 coding provides appropriate classification in Source of Admission - Newborn. **2 – Urgent** The patient requires immediate attention for the care and treatment of a non-life threatening physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation. Includes most mothers having routine deliveries. **3 – Elective** The patient's condition is not life threatening, disabling or requiring of immediate attention and permits adequate time to schedule the availability of a suitable accommodation. Could include cesarean procedures/deliveries. **4 – Newborn** Newborn baby born within the facility or the initial admission of an infant to any acute care facility within 24 hours of birth. *(NOTE: Type of Admission 4, Newborn, data is defined as above effective with first quarter 1997.)*A baby born not more than one month (30 days) prior to admission to the hospital; a baby born in the hospital or brought into the hospital from an outside/extramural birth.This code necessitates the use of specific appropriate "Source of Admission" newborn codes. *(NOTE: Type of Admission 4, Newborn, data is defined as above for quarters prior to first quarter 1997.)* **5 – Other** Type of admission is unknown; cannot be determined.
15. **Source Of Admission:** **admsrc**	A two digit code. **01 – Physician Referral.** The patient was admitted upon the recommendation of his or her personal physician. **02 – Clinic Referral.** The patient was admitted upon the recommendation of a clinic physician from this hospital. **03 – HMO Referral.** The patient was admitted upon the recommendation of a health maintenance organization physician. **04 – Hospital Transfer.** The patient was admitted as a transfer from an acute care facility where he/she was an inpatient. **05 – Skilled Nursing Home.** The patient was admitted as a transfer from a skilled nursing facility where he/she was an inpatient. **06 – Transfer –Other Facility.** The patient was admitted as a transfer from a health Care facility other than an acute care facility or a skilled nursing facility. **07 – Emergency Room.** The patient was admitted upon the recommendation of this facility's emergency room physician. **08 – Court/Law Enforcement.** The patient was admitted at the direction of a court of law, or upon the request of a law enforcement agency representative. **09 – Other.** The required information on the means by which the patient was admitted to this hospital is not available or is unknown. <u>required code structure for newborn</u> (type of admission = 4): **10 – Normal Delivery.** A baby delivered in the hospital without complications. **11 – Premature Delivery.** A baby delivered in the hospital with time and/or weight factors qualifying it for premature classification. **12 – Sick Baby.** A baby delivered in the hospital with medical complications, other than those relating to premature status. **13 – Extramural Birth.** A baby born in a non-sterile environment, normally outside of a/the hospital. **14 – Other.** Information not available or unknown.

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
16.	**Principal Payer:** **payer**	A Single Character Alpha Code Identifying The Primary Source Of Expected Reimbursement To The Hospital For Service. *(NOTE: Expanded From Four To Thirteen Payer Codes Beginning With First Quarter 1992 Data.)* **A** – Medicare **B** – Medicare HMO **C** – Medicaid **D** – Medicaid HMO **E** – Commercial Insurance (Includes Self-Insured And Blue Cross/Blue Shield) **F** – Commercial HMO (Include Point Of Service HMOs) **G**– Commercial PPO (Review Provider ID Card To Identify PPO Network) **H** – Workers' Compensation **I** – Champus **J** – VA **K** –Other State/Local Government (Non-Commercial Programs Such As Children's Medical Assistance And County Public Health Programs) **L** – Self Pay/Underinsured (No Third Party Coverage Or Less Than 30% Estimated Coverage) **M** –Other **N** –Charity **O** – Kidcare (Healthy Kids, Medikids, And Children's Medical Services) *(NOTE: Payer N, Charity, is an acceptable reportable code effective with first quarter 1997 data and Payer O, Kidcare, is an acceptable reportable code effective with first quarter 2003 data. In addition, Payer L, Self Pay/Underinsured, was defined as Self Pay/Charity/Underinsured prior to charity receiving a separate code.)*
17.	**Patient Zip Code:** **zipcode**	The patient's permanent residence zip code. (*NOTE: A zip code of 22222 was assigned for use of homeless patients effective with first quarter 1997 through fourth quarter 2001. Effective first quarter 2002, the zip code for homeless patients changed to 00007.)* 00000 Unknown ZIP Code 00007 Homeless 00009 Foreign Patient (*NOTE: Zip code data are no longer masked for inpatient data sets. Previously, the zip codes were masked if the patient's residence was outside of Florida or in an area within the state where the population is less than 500 people.).*
18.	**Patient State Of Residence:** **ptstate**	The patient's state of residence. The patient's zip code is used to reference the U.S. Postal Service standard state or territory. **XX** Unknown state of residence
19.	**Patient County (Florida Only):** **ptcounty**	The county of residence for Florida patients only. The patient's zip code is used to reference the U.S. Postal Service database. If a zip code crosses county lines, the county code will contain the code of the county in which the greatest portion of that zip code lies. **99** Unknown or non-Florida patient
20.	**DRG Code:** **drg**	A three digit number representing the assigned Diagnosis Related Group (DRG).
21.	**Principal Diagnosis Code:** **prindiag**	A valid three to five digit ICD-9-CM code. Principal diagnosis is the condition established after study, to be chiefly responsible for occasioning the admission of the patient to the hospital. Decimal not included. The decimal in diagnosis codes is implied between the third and fourth digit.
22.	**Secondary (Other) Diagnosis Codes:** **othdiag1 - othdiag9**	A valid three to five digit ICD-9-CM code. Decimal not included. The decimal is implied between the third and fourth digit. (NOTE*: the number of fields for secondary diagnosis codes was expanded from four to nine beginning with first quarter 1992 data.)*

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
23. **Principal Procedure Code:** **Prinproc**	A valid two to four digit ICD-9-CM code. Decimal not included. The decimal in procedure codes is <u>implied</u> between the second and third digit.
24. **Secondary (Other) Procedure Codes:** **othproc1 - othproc9**	A valid two to four digit ICD-9-CM code. Decimal not included. The decimal is <u>implied</u> between the second and third digit. *(NOTE: the number of fields for secondary procedure codes was expanded from two to nine codes beginning with first quarter 1992 data.)*
25. **Days to Procedure:** **daysproc**	A four digit number representing the number of days elapsed from the admission date to the principle procedure date. A procedure can take place up to three days prior to the admission date. Thus, this number can be negative (leading sign). The field will contain zeros if the procedure is performed on the admission date. **998** The number of days to procedure is equal to or greater than 998 days. **999** Unable to compute days or no procedure performed.
26. **Day of Week Admitted:** **weekday**	A single digit code representing the day of the week the patient was admitted to the hospital. **1** – Monday **2** – Tuesday **3** – Wednesday **4** – Thursday **5** – Friday **6** – Saturday **7** – Sunday
27. **Charges By Revenue:** **roomchgs** **nursechgs** **icuchgs** **ccuchgs** **pharmchgs** **medchgs** **oncochgs** **labchgs** **pathchgs** **radchgs** **therchgs** **nuclchgs** **ctscanchgs** **oprmchgs** **aneschgs** **respchgs** **phythchgs** **occupchgs** **erchgs** **cardiochgs** **mrichgs** **recovchgs** **laborchgs** **otherchgs**	Indicates total charges to the patient by specific revenue code groups. Rounded to the nearest dollar amount. Unsigned. *(NOTE: Charge by revenue data is available beginning with first quarter 1992. The charge by revenue fields for quarters prior to first quarter 1992 is zero filled.)* (01) CODES 11x-16x: Room Charges (02) CODES 17x: Nursery (03) CODES 20x: Intensive Care (04) CODES 21x: Coronary Care (05) CODES 25x: Pharmacy (06) CODES 27x: Medical/Surgical Supplies And Devices (07) CODES 28x: Oncology (08) CODES 30x: Laboratory (09) CODES 31x: Laboratory Pathological (10) CODES 32x: Radiology - Diagnostic (11) CODES 33x: Radiology - Therapeutic (12) CODES 34x: Nuclear Medicine (13) CODES 35x: CT Scan (14) CODES 36x: Operating Room Services (15) CODES 37x: Anesthesia (16) CODES 41x: Respiratory Services (17) CODES 42x: Physical Therapy (18) CODES 43x: Occupational Therapy (19) CODES 45x: Emergency Room (20) CODES 48x: Cardiology (21) CODES 61x: Magnetic Resonance Imaging (MRI) (22) CODES 71x: Recovery Room (23) CODES 72x: Labor Room/Delivery (24) CODES (OTHER): Represents the balance of total charges for services not covered by the preceding revenue code groups.

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
28. **Total Gross Charges:** **tchgs**	Total dollars charged to the patient (before any discounts). Rounded to the nearest dollar. Unsigned.
29. **Attending Physician Id:** **attenphyid**	The Florida license number of the physician having primary responsibility for the patient's care and treatment, or who certifies medical necessity. Unique physician identification numbers (UPIN) were accepted in this field through fourth quarter 1996. *(NOTE: attending physician ID data is available beginning with first quarter 1992. The attending physician ID field for quarter's prior to first quarter 1992 is space filled.)*
30. **Attending Physician UPIN:** **attenupin**	Attending Physician Unique Physician Identification Number. *(NOTE: Attending Physician UPIN data is available in this field effective with first quarter 1997 through fourth quarter 2001. However the reporting of a UPIN was optional, therefore, the field may be space filled. The UPIN field is space filled for all reporting quarters prior to first quarter 1997 and for all reporting quarters following fourth quarter 2001.)*
31. **Operating Physician Id:** **operphyid**	The Florida license number of the physician who is the principal surgeon for any procedures performed during the patient's course of treatment. Unique Physician Identification Numbers (UPIN) were accepted in this field through fourth quarter 1996. *(NOTE: operating physician ID data is available beginning with first quarter 1992. The operating physician ID field for quarter's prior to first quarter 1992 is space filled.)*
32. **Operating Physician UPIN:** **operupin**	Operating Physician Unique Physician Identification Number. *(NOTE: Operating Physician UPIN data is available in this field effective with first quarter 1997 through fourth quarter 2001. However, the reporting of a UPIN was optional, therefore, the field may be space filled. The UPIN field is space filled for all reporting quarters prior to first quarter 1997 and for all reporting quarters following fourth quarter 2001.)*

FLORIDA LOCAL HEALTH COUNCIL DISTRICTS (FACILITY REGIONS)

LOCAL HEALTH COUNCIL	COUNTIES
1	Escambia, Okaloosa, Santa Rosa And Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla And Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee And Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns And Volusia
5	Pasco And Pinellas
6	Hardee, Highlands, Hillsborough, Manatee And Polk
7	Brevard, Orange, Osceola And Seminole
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee And Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach And St. Lucie
10	Broward
11	Miami-Dade And Monroe

FLORIDA COUNTIES BY NUMBER AND REGION

NUMBER	COUNTY	REGION	NUMBER	COUNTY	REGION
1	Alachua	3	35	Lake	3
2	Baker	4	36	Lee	8
3	Bay	2	37	Leon	2
4	Bradford	3	38	Levy	3
5	Brevard	7	39	Liberty	2
6	Broward	10	40	Madison	2
7	Calhoun	2	41	Manatee	6
8	Charlotte	8	42	Marion	3
9	Citrus	3	43	Martin	9
10	Clay	4	44	Monroe	11
11	Collier	8	45	Nassau	4
12	Columbia	3	46	Okaloosa	1
13	Miami-Dade	11	47	Okeechobee	9
14	DeSoto	8	48	Orange	7
15	Dixie	3	49	Osceola	7
16	Duval	4	50	Palm Beach	9
17	Escambia	1	51	Pasco	5
18	Flagler	4	52	Pinellas	5
19	Franklin	2	53	Polk	6
20	Gadsden	2	54	Putnam	3
21	Gilchrist	3	55	St. Johns	4
22	Glades	8	56	St. Lucie	9
23	Gulf	2	57	Santa Rosa	1
24	Hamilton	3	58	Sarasota	8
25	Hardee	6	59	Seminole	7
26	Hendry	8	60	Sumter	3
27	Hernando	3	61	Suwannee	3
28	Highlands	6	62	Taylor	2
29	Hillsborough	6	63	Union	3
30	Holmes	2	64	Volusia	4
31	Indian River	9	65	Wakulla	2
32	Jackson	2	66	Walton	1
33	Jefferson	2	67	Washington	2
34	Lafayette	3	99	Unknown	N/A_